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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09/735593

|  |   | CLAIMS A                                  | SMALL ENTITY                     |                               |                           | OTHER THAN                       |     |                               |                        |      |                     |                        |
|--|---|---|----------------------------------|-------------------------------|---------------------------|----------------------------------|-----|-------------------------------|------------------------|------|---------------------|------------------------|
|  |   |   | (Column 1)                       |                               | (Column 2)                |                                  |     | TYPE                          |                        | OR   | SMALL               |                        |
| TOTAL CLAIMS                                   |   |   |                                  |                               |                           |                                  | ſ   | RATE                          | FEE                    | 1    | RATE                | FEE                    |
| FOR  |   |   | NUMBER FILED                     |                               | NUMBER EXTRA              |                                  |     | BASIC FEE                     | 355.00                 | OR   | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 22 minus 20=                     |                               | . 2                       |                                  |     | X\$ 9=                        |                        | OR   | X\$18=              | 36                     |
| INDEPENDENT CLAIMS                             |   |   | 4 minus 3 =                      |                               |                           |                                  |     | X40=                          |                        | OR   | X80=                | 80                     |
| ML   | ILTIPLE DEPEN   | NDENT CLAIM P                             | RESENT                           |                               |                           |                                  |     | +135=                         |                        | OR   | +270=               | ;                      |
| • If   | the difference  | in column 1 is                            | less than ze                     | ero, ente                     | "0" in c                  | olumn 2                          | L   | TOTAL                         | •                      | OR   |                     | 826                    |
| CLAIMS AS AMENDED - PART II                    |   |   |                                  |                               |                           |                                  |     |                               |                        |      | OTHER               |                        |
| (Column 1) 07-29-04 (Column 2) (Column 2)      |   |   |                                  |                               |                           | (Column 3)                       |     | SMALL E                       | ENTITY                 | OR   | SMALL               |                        |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY              | PRESENT<br>EXTRA                 |     | RATE                          | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total /   | . 16                                      | Minus                            | .**                           | 22                        | -                                |     | X\$ 9=                        | ,                      | OR   | X\$18=              |                        |
|  | Independent   | MTATION OF M                              | Minus                            | ***                           | 4                         | -                                | İΙ  | X40=                          |                        | OR   | √X80=               | ı                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                  |                               |                           |                                  |     | +135=                         |                        | OR   | +270=               | į                      |
|  | •   |   |                                  | Ġ,                            |                           |                                  | L   | TOTAL<br>DDIT, FEE            |                        |      | TOTAL<br>ADDIT. FEE |                        |
|  |   | (Column 1)                                |                                  | (Colur                        | nn 2)                     | (Column 3)                       | ^   | DDII. FEE I                   |                        |      |                     |                        |
| AMENDMENT: B                                   |   | CLAIMS<br>REMAINING                       |                                  | HIGH                          |                           |                                  | lг  |                               | ADDI-                  |      |                     | ADDI-                  |
|  |   | AFTER<br>AMENDMENT                        |                                  | PREVIO<br>PAID                | DUSLY                     | PRESENT<br>EXTRA                 |     | RATE                          | TIONAL<br>FEE          |      | RATE                | TIONAL                 |
|  | Total   | •   | Minus                            | ••                            |                           | = '                              |     | X\$ 9=                        |                        | OR   | X\$18=              |                        |
|  | Independent   | NTATION OF MI                             | Minus                            | ***                           | CLAINA                    | =                                |     | X40=                          |                        | OR   | X80=                |                        |
| -  | · ···O· · · · · · · · · · ·   | NIATION OF MI                             | DETIFIE DEF                      | ENDENT                        | CLAIM                     |                                  | , [ | +135=                         |                        | OR   | +270=               |                        |
|  |   |   | ?                                |                               |                           | •                                | -   | TOTAL                         |                        | OR   | TOTAL               |                        |
| ADDIT. FEE                                     |   |   |                                  |                               |                           |                                  |     |                               |                        |      |                     |                        |
|  | TE I  | CLAIMS                                    |                                  | HIGH                          |                           | (Column 3)                       | 1 - |                               |                        |      |                     |                        |
| AMENDMENT C                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                                  | PREVIO<br>PAID                | USLY                      | PRESENT<br>EXTRA                 |     | RATE                          | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total   | •   | Minus                            | **                            |                           | =                                |     | X\$ 9=                        |                        | OR   | X\$18=              | į                      |
|  | Independent   | •   | Minus                            | •••                           |                           | =                                | ╽┞  | X40=                          |                        |      | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                               |                           |                                  |     | A40-                          |                        | OR   | <b>∧60</b> =        |                        |
| ٠,   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |                                  |                               |                           |                                  |     |                               |                        | OR   | +270=               |                        |
| **   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                                  |                               |                           |                                  |     |                               |                        | OR ] | TOTAL<br>ADDIT, FEE |                        |
|  | ii uie "Highest Nu<br>The "Highest Num  | mber Previously Pai<br>ber Previously Pai | aid For IN THI<br>d For (Total o | S SPACE i:<br>r independe     | s less tha<br>ent) is the | n 3, enter "3."<br>highest numbe |     | ODIT. FEE L<br>Id in the appi | ropriate box           |      |                     |                        |
|  |   |   |                                  |                               |                           |                                  |     | • •                           |                        |      |                     |                        |